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Bib Data Sheet

CONFIRMATION NO. 4905

<b>SERIAL NUMBER</b> 09/911,219	<b>FILING DATE</b> 07/23/2001 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2681	<b>ATTORNEY DOCKET NO.</b> 975.350USW1
<b>APPLICANTS</b> Juha Rasanen, Espoo, FINLAND;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF PCT/EP99/00452 01/25/1999 yrs AK				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/31/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY FINLAND	SHEETS DRAWING 5	TOTAL CLAIMS 21
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
<b>ADDRESS</b> Michael B. Lasky Altera Law Group, LLC Suite 100 6500 City West Parkway Minneapolis, MN 55344-7701 ALTEKA LAW GROUP L.L.C. 10749 BREN ROAD EAST, SUITE 2 MINNEAPOLIS, MN 55343				
<b>TITLE</b> Interworking between radio access networks				
<b>FILING FEE RECEIVED</b> 858	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>SERIAL NUMBER</b> 09/911,219	<b>FILING DATE</b> 07/23/2001 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2682	<b>ATTORNEY DOCKET NO.</b> 975.350USW1	
<b>APPLICANTS</b> Juha Rasanen, Espoo, FINLAND;					
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/EP99/00452 01/25/1999					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/31/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FINLAND	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 32294					
<b>TITLE</b> Interworking between radio access networks					
<b>FILING FEE RECEIVED</b> 858	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		